

*Surles*  
11/30/4

TSS QAS REVIEW SHEET

Serial #

10/787471

**Issue Processing**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

JACKET / ISSUE CLASSIFICATION SHEET

Primary Examiner box complete

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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Issuing Classification complete

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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PTO-892/1449

Examiner's initials or cross-through lines supplied for each item cited by applicant

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required)

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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Brief description of drawings includes description of each figure in drawings

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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Continuing data mentioned in 1st paragraph (can be an insert)

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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CLAIMS

Claims listed on Notice of Allowability match allowed claims and/or index of claims

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies)

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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*Set*  
One sheet of complete claims

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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RAM FEES

Amount Actually  
Charged

Amount that Should  
Have Been Charged

Examiner's amendment  
Check box if applicable

CRFE-COMPUTER READABLE FORM

If necessary (biological sequence listing)

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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NOTICE OF ALLOWABILITY

If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has  
been checked

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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INITIALED-BIB SHEET

Initialed-Bib sheet is present

<input checked="" type="checkbox"/> Yes	<input type="radio"/> No	<input type="radio"/> n/a
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REVIEWER COMMENTS

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**BEST AVAILABLE COPY**

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